



# Choice and Dignity, Inc.

End-of-Life Training, Resource and Referral

P.O. Box 86886, Tucson, AZ 85754

800-811-4112 ~ [www.ChoiceAndDignity.org](http://www.ChoiceAndDignity.org)

## OCTOBER 2024 Newsletter

News gathered by Jim, edited by J'Fleur & formatted by volunteer Jennifer Treece

### In The News

#### International News:

##### The Last Resort Opens as a Low-Cost Swiss Option

The Last Resort was founded by a small international collective of human rights advocates (with a law, science, medicine, and healthcare background) who want to diversify (and improve) the assisted dying process in Switzerland.

As the team behind the ground-breaking [Going to Switzerland](#) guidebook, we set out to create a place of change, for the better.

##### Sarco – A new device to allow a peaceful death.

The Last Resort is the only accompanied suicide service in Switzerland where the 3D-printed Sarco capsule will be used. The Sarco marks a turning point in the history of death and dying. We fully expect that the Sarco will be integral to the activities of The Last Resort.



Compliant with Swiss law, the Sarco provides an **elective, peaceful & reliable death** at a time of one's choosing. Sarco is a **drug-free** option with no hidden costs. Indeed, the use of the Sarco at The Last Resort is **free** to "approved users". The Last Resort will be the **only place** on earth where the Sarco capsule can be in used.

##### The Benefits of the Sarco include:

- FREE
- Drug-free
- No risk of vomiting
- No risk of IV tubing (blocking)
- Removes doctors from a role that many feel uncomfortable being involved with as the Sarco does NOT require a doctor (other than for a mental capacity assessment).

##### Reasons for seeking an accompanied suicide at The Last Resort might include:

- Advanced old age such as that experienced by the 104-year old British/Australian Professor [David Goodall](#)
- Poly-pathologies of old age as experienced by South African, [Laura Henkel](#)
- Illness – serious, chronic or terminal, to anyone who is face to face with the dying process, be that slow or fast
- Early dementia – as long as mental capacity is retained

The Last Resort does not assist young people to die, unless they have a serious physical illness (ie. not psychiatric).

See more at: <https://www.thelastresort.ch/about-us/>

More information on all Swiss options is available on our website:

<https://www.choiceanddignity.org/switzerland.html>

##### Vatican: New stance on life-sustaining treatment

Published on August 8<sup>th</sup>, the Vatican's Academy for Life has published a "Small Lexicon on End of Life" covering a range of bioethical issues, including the provision of food and hydration for patients.

While the Church's stance against assisted dying remains steadfast, there is a new openness to allowing doctors to withhold "aggressive therapy" which includes administering food and hydration to patients in a vegetative state.

The volume noted that the food and hydration prepared for vegetative patients are prepared in a laboratory and administered through technology, and thus do not amount to "simple care procedures". According to the text, doctors are "required to respect the will of the patient who refuses them with a conscious and informed decision, even expressed in advance in anticipation of the possible loss of the ability to express oneself and choose".

This would suggest that Catholic patients are allowed to choose for an advance request to refuse life-sustenance should they end up in a vegetative state.



## Vatican: New stance ...

This position marks a shift toward a new openness since the Congregation for the Doctrine of the Faith in 2007 in response to clarification on the moral obligation to provide food and water to patients in a vegetative state, even through artificial means. The position at the time was that even in a situation where there's moral certainty that a patient will never recover, it was not permissible to withdraw food and water, as doing so would effectively allow the person to die of dehydration or starvation.

## National News:

### November 1<sup>st</sup> will mark the 10<sup>th</sup> Anniversary of Brittany Maynard's Death

Brittany Maynard's decision to end her life on November 1, 2014, due to terminal brain cancer, has had a significant impact on the Right-to-Die movement. Diagnosed with glioblastoma, a highly aggressive form of brain cancer, Maynard was given only six months to live. She chose to relocate from California to Oregon to utilize the state's Death with Dignity Act, which allows terminally ill patients to seek physician-assisted suicide.

Maynard's public advocacy for the right to die with dignity brought widespread attention to the movement. Her story resonated with many, as she was a young, vibrant woman who articulated her desire to have control over her death in the face of a terminal illness. This personal narrative helped humanize the debate around physician-assisted suicide, shifting public perception and increasing support for legislative changes.

Following her death, Maynard's husband, Dan Diaz, continued her advocacy by working to pass similar legislation in other states. His efforts contributed to the passage of the "right-to-die" legislation in California, which was signed into law by Governor Jerry Brown in 2015. This law allows terminally ill patients with a prognosis of six months or less to live to request life-ending medication from their physicians.

The impact of Maynard's story extended beyond California. It sparked a broader national conversation about end-of-life choices and the rights of terminally ill patients. Her advocacy and the subsequent legislative changes have inspired similar movements across the United States, leading to the adoption of Death with Dignity laws in several other states.

Brittany Maynard's legacy is a testament to the power of personal stories in driving social change. Her decision to share her journey publicly not only brought attention to the Right-to-Die movement but also empowered others facing similar circumstances to advocate for their rights. Her story continues to influence the debate on end-of-life choices, highlighting the importance of compassion and autonomy in the face of terminal illness.

## Medical Aid in Dying and Medical Tourism in New Jersey

Since being enacted in 2019, the New Jersey Medical Aid in Dying Act has had a threshold condition on a patient's request for medication under the Act: that they be an "adult resident of New Jersey." The physician's record must contain documentation of the patient's status as a resident of New Jersey, whether in the form of a driver's license, voter registration or tax returns. This "residency" requirement is a common factor in the laws of other states that have enacted similar legislation authorizing the dispensation of lethal medication to end a person's life. Only two states currently do not have this requirement.

Focusing on a Pennsylvania resident, the article "Traveling to Die: The Latest Form of Medical Tourism," originally appearing in the August 20, 2024 issue of [KFF Health News](#) and republished in the August 21 issue of [Medscape](#), reviews the experience of individuals who live in states that have not legalized and authorized medical assistance for dying and who travel to one of the two locations which have dispensed with the residency requirements: Oregon and Vermont. This is seen by some as an ["emerging trend."](#) However, the subject of medical tourism, sometimes referred to in this context as "circumvention tourism," has been a matter of controversy.

The (New Jersey) residency requirement presents several obstacles for patients. These include having to find cooperative doctors in a new state since every state requires confirmation of the terminal condition and limited prognosis by two physicians. In addition, there is a need to arrange for a place in the new state to ingest the medication and die. Moreover, the residency requirement imposes a burden of traveling "when too sick to walk to the next room, let alone climb into a car."

The practical burdens of the trip are increased by statutory requirements for a waiting period intended to give a patient the opportunity to calmly reflect and deliberate on their decision. Not only does this result in the need to obtain housing

## MAiD—New Jersey ...

or engage in repeat travel, but the waiting period also presents the risk of the underlying condition progressing to a point where an individual loses capacity for decision-making and can no longer participate or where an individual dies before the waiting period is over while suffering throughout that time from the underlying condition that brought them to make the request for a physician-assisted death.

In New Jersey, like most other states, the waiting period is 15 days. Several states have modified their laws to either shorten the waiting period or provide exceptions in the event of imminent death. A [bill](#) to eliminate the 15-day waiting period under the New Jersey Medical Aid in Dying Act was introduced in the 2022-2023 session of the legislature, but not acted upon. It was [introduced again](#) on January 9, 2024 in the 2024-2025 session but remains in committee.

The changes to the residency requirements in Oregon and Vermont resulted from the settlement of federal lawsuits challenging these requirements as violating the privileges and immunities clause of the United States Constitution with resulting legislative action to remove the requirement. New Jersey's residency requirement is being questioned in the case of *Govatos v. Murphy*. On August 29, 2023, a [complaint](#) was filed in the United States District Court for the District of New Jersey asserting a challenge to New Jersey's residency requirement as violating the Privileges and Immunities Clause (Art. IV, § 2), the Commerce Clause (Art. I, § 8), and the Equal Protection Clause (Amend. XIV, § 2) of the United States Constitution. The State has moved to dismiss the complaint. The motion has been fully briefed and is awaiting disposition and a decision by the court.

If the New Jersey residency requirement is declared constitutionally invalid, there likely will be an increase in the utilization of the Medical Aid in Dying Act. Travel to New Jersey is relatively easy from the abutting states of New York and Pennsylvania which do not permit medical assistance in dying. The Delaware legislature passed a [bill](#) to authorize medical assistance with dying and awaits action by the governor. Whether or not the governor will sign the bill is uncertain. However, the Delaware statute as passed would only allow an adult resident of Delaware to request and self-administer medication to end the individual's life, leaving New Jersey as a probable destination for an individual seeking a physician-assisted death.

First appeared in JDSupra 28 August 2024

## Local News:

Our most recent Exit Café was hosted Saturday, August 3<sup>rd</sup> by our new Board Member, Jeannie Fransen.

Our next Exit Café will be held on Saturday, December 7<sup>th</sup> at 1:30 p.m. at the Murphy-Wilmot Library in Tucson. Watch your email and our MeetUp website for sign-ups.

## Thank You: Mary Brotncher Estate bequest

Mary Brotncher passed in January. Choice and Dignity had been helping Mary with end-of-life options. She was kind enough to leave us a bequest with the stipulation that 50% of the funds would be unrestricted and 50% would go to supporting our Exit Guide program. Having suspended our Exit Guide work, The Board of Directors voted to direct that half of the bequest to help with the extensive legal costs of our former Board Member and Adviser, Dr. Stephen Miller, who was arrested in November as he attempted to be a compassionate presence for a New York woman who was exiting.

Howard S. Brotncher and Mary M. Brotncher moved to Prescott Country Club, Dewey, Arizona, in 1992 and passed over the Rainbow Bridge, Howard on May 7, 2016 and Mary on January 7, 2024.

Howard and Mary did animal rescue in the Prescott/Quad Cities for over 20 years.

Howard, Mary, kitty children and Rescue Fur/Feathered Kids spirits are all now together in Rainbow Heaven. All have been cremated and will be scattered in areas so stated in the Brotncher Trust. Their kitty children and Rescue Fur/Feathered Kids gave Howard and Mary a lifetime of joy, happiness and unconditional love!

If you want to do something in memorial of the Brotncher family and Fur/Feathered Kids, please donate to your favorite animal rescue.



Thank you for caring about all of God's innocent and voiceless creatures!



## Board News:

**Board Meetings:** The Board met on August 17<sup>th</sup>. We were delighted to elect **Jeannie Fransen** as a new Board Member.

We decided to move to an every other month schedule for the next 6 months. Our next meeting will be Saturday, October 12<sup>th</sup> from 5:00-6:30 P.M.

If you would like to sit in, please request the Zoom link by emailing [ChoiceandDignityInc@gmail.com](mailto:ChoiceandDignityInc@gmail.com).

## “How to Get the Death You Want” — Class Series in October/November

*Board Members Jim Schultz, J’Fleur Lohman, and Maggie Molloy, with an assist from elder care law attorney, Zachary Taylor, will be presenting this series.*

The series of five 90-minute sessions will help you prepare for death — yours or for a loved one.

Five Primary Topics:

- ◆ Introduction to Death and the Right-to-Die Movement
- ◆ Advanced Directives — your decisions about the types of care and life-sustaining measures you may or may not want.
- ◆ Medical Advocacy — how to ensure your wishes are honored. We’ll cover both choosing your advocate as well as being a good advocate for someone else.
- ◆ Communication with Family, Loved Ones, and Medical Providers. How to start and have the necessary conversations.
- ◆ Deliberate Life Completion — we’ll discuss the what, where and how Medical Aid in Dying and other methods to reduce suffering where MAID is not a viable alternative

In addition, we’ll discuss neurodegenerative diseases and their impact on the Life Completion process as well as other “to-do’s” for your list in preparation for death.

These classes will be held every Friday from 10:30 am to noon ... October 4 to November 1

Location: Harmony Community Healthcare Education Center, 310 S. Williams Blvd., Ste. 210, Tucson

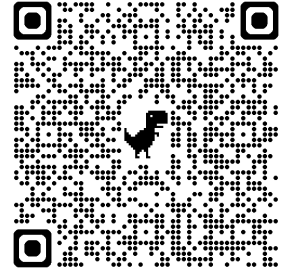
There will be no charge to Choice and Dignity

members; for non-members, the suggested contribution is \$25 or whatever you can afford — no one will be excluded due to income.

Additional donations are welcome.

Questions: 1-800-811-4112

Register with QR code:



## Book Club Inaugural Event

Board V.P. Tracy Corbin will be leading an on-line discussion group. We intend to hold these events twice per year. We’ll announce the chosen book several months in advance giving you plenty of time to read it before our discussion.

Tracy’s premier selection for the Book Club is: **“In Love: A Memoir of Love and Loss” by Amy Bloom.**

It is readily available at your local library or via Amazon <https://a.co/d/haL87RD>

The discussion is scheduled for Friday, January 10<sup>th</sup> from 5:00 – 6:30 via Zoom.

## Guest Article - Prepare to Die Chaplaincy — by Robert Drake

If you are reading this article from Choice and Dignity, it is a good bet that you are concerned with the topic of a “good death.” I’d like to offer you some insights into how a clinical chaplain might help you explore this completely individualistic subject to find your way to a place of comfort with your own answers to this existential question.

Clinical chaplains are spiritual caregivers trained to have end of life related discussions. Chaplains train for a minimum of four years just to responsibly and effectively “go there” with our patients. In most cases, after a lot of life experience, we get three years of intensive graduate work and a year of clinically supervised training in a hospital or like environment plumbing the effects of our words and presence on a patient. We explore the pitfalls of our own psyches and communication and train in power dynamics, family systems and family or spiritual conflict. We often have extensive experience in the hospital, in critical and emergency care as well as hospice and palliative care working alongside physicians, nurses, and social workers.



## Chaplaincy ...

We are trained to keep our personal theologies OUT of the conversation unless asked — this is the difference between a preacher/pastor and a clinical chaplain. We show up to hospital “codes”, first respond in disasters, walk the halls of the hospital without sleep “on call,” and talk to families in the ER about a loved one’s critical or terminal situation. We have helped a wife, mother, father or child make the decision to take a loved one off the ventilator and have been beside countless death beds.

Chaplains are trained to listen deeply and facilitate conversations on life, death and dying, including “medical aid in dying” (aka MAiD), palliative terminal sedation or voluntary stopping of eating and drinking (VSED). If you want to go deep with your family or delve into your own needs and beliefs and resolve family conflict along the way, involve a clinical chaplain. The chaplain ought never proselytize. Conversations should be about listening, philosophy, clarification of meaning, harmonizing a life lived with a dying, comforting through caring presence, and uncovering needs and feelings to generate meaningful conversations to help you hear what you need to hear from loved ones and to say what you need to say while there is still time.

To find a chaplain, if you are in hospice, start there. If your hospice is faith-based, it is probable that they will not support your choice for MAiD even if it is legal in your state, but terminal sedation and VSED may still be options. A chaplain may be philosophical, interfaith, Buddhist, Jewish, Islamic, Atheist, Native, Wiccan, Unitarian Universalist, or from different Christian traditions. Chaplains should be there for YOU and your needs and beliefs. Choose one with clinical pastoral training (CPE) who resonates with your values. Yes, you can choose your own chaplain! You are not obligated to use the first one your hospice sends you. Most hospices will assign chaplains to individual clients based on personality “fit.” Don’t be afraid to view a chaplain visit as an interview to see if s/he “works” for you. If it doesn’t feel right, ask for another. Notice how well they listen when you speak and if you are comfortable with them in silence.

Chaplain or Doula? Doulas can be very compassionate, caring and spiritually open with a desire to serve in kindness. Doulas come from all walks of life and are usually not highly religious. They are well suited to end-of-life care where rigorous clinical training and experience are not required. They usually go through a certification

process and can be profoundly useful for sorting out end of life wishes and advance directives and wills, like chaplains, provide a compassionate, calm presence when the end comes. Choose a doula the way you would choose a chaplain – meet her, ask questions, and see if you and your family feel comfortable with him. Choose a chaplain or doula based on fit, feel and experience. Is this someone who offers what you need to prepare for the end? If there is such a thing as a “good death,” will this person help you prepare you and accompany you through this process to the end?

If you can’t find a Chaplain through your Hospice, here is another resource: The Chaplaincy Institute: <https://chaplaincyinstitute.org/interfaith-providers/>

### Author Bio:

*Robert (Bob) Drake is a spiritual care and grief counselor and ordained Interfaith Clinical Chaplain. He has spoken internationally on end of life, grief, and forgiveness. Chaplain Drake lives in Washington State where he operates retreats on grief recovery, forgiveness and offers life or end of life coaching with his business Drake Living & Dying Design.*

## “Readers Write”

Two months ago I picked up an old friend, who I knew well from my years at work. She retired and I hadn’t seen her for about three years. Now she was frail and could hardly get in and out of her car. She had also been diagnosed with the first stage of Alzheimer’s. She no longer drives, and relies on her only relative in town — a cousin, Barb, for errands and appointments. Barb is not supportive of Susan’s longstanding commitment to end her own life when she found herself with no real quality of life. Her son in West Virginia supports her end of life plans, but has a demanding job and a family to care for.

I asked Susan if she could still lift the nitrogen tank and maneuver the hood and equipment and she said “Sure!” Her hands were shaking, and she walked very slowly with her cane. She had her tank at home and when I asked her if she was getting past that “window of opportunity” which we had talked about many years ago, she said “No!” It was very hard to see her so weak and with diminished memory. I thought she was in denial and moving past that “window.” She has been a really close friend and I cried as I drove home. I told my husband and daughter to confront me if I was ever in such decline and denial. I do not want them to have to take care of me or use our modest savings for home care.

## Prepare to Die - Resources You can Use

If you have been following our advice about Death Prep, you know how overwhelming it can be to get your own stuff in order. Can you imagine the mess that someone else can leave for you?

There is help available to you. A relatively young organization of "After Loss" professionals can help. [Professionals of After Loss Services](#) help in all things pre- and post- end of life from legal and banking to digital accounts, saving families the time, cost, and trauma of going it alone.

If you want to contact one of the founders for a 1:1 chat, email Rachel Donnelly of After-Light.



## what to do after a loss

and how an after loss professional can help

### In the Immediate

- Secure care for pets and dependents
- Secure home and valuables
- Clean out food and other perishables if house is empty
- Notify estate attorney and financial advisor
- Notify loved one's employer
- Notify social security
- Plan funeral services
- Write obituary

### Finding Important Docs

- Will, Trust, Other Legal Docs
- Birth and Marriage Certificate
- Social Security Card
- Driver's License
- Car Title and Registration
- House mortgage or deed information
- Insurance Policy Info (Health, Property, Life)
- Financial Account information

### Save for an Attorney

- Review and analyze the will
- File for administration of estate or probate the will, if needed
- Discuss open debts for the lost loved one to determine what should be paid
- Ask what your state's stance is on digital assets belonging to the lost loved one

### For Your After Loss Professional

- Obtain death certificate
- Notify post office and forward mail
- Notify Veteran's Affairs
- Notify life insurance companies (start claims process for life insurance)
- Notify health insurance
- Notify property insurance
- Notify utilities and update account owner and payment
- Create list of all subscriptions and services that are no longer needed and close out
- Notify mortgage and car loan company
- Investigate potential for benefits from social security, union, pension or retirement death benefits, veteran's burial allowance, medical reimbursements
- Notify banks and transfer funds appropriately
- Notify credit card company companies
- Notify investment organizations
- Cancel cell service
- Locate resources to sell property
- Manage and/or locate resources for clean out and moving of items
- Close out online accounts
- Notify credit reporting institutions and put a freeze on lost loved one's SSN
- Archive and memorialize social media
- Notify DMV and Voter's Registration
- Work with CPA to file final tax return for lost loved one



## Feedback on Last Quarter's article on providing for your pets:

On the subject of pets left behind, I would like to mention that I have volunteered for an organization named, "Hearts that Purr: Feline Guardianship" here in Tucson. I have enrolled my two cats so if I leave them behind (by death or inability to care for them), they are guaranteed good care and shelter for the rest of their lives. I am funding this through my Trust. I don't know if there are similar organizations for other species of pets. This organization is a great comfort to many who own cats.

Thanks,  
Eleanor Cannan

## LGBTQ+ Advance Care Planning Toolkit August 2024 | Eliza Giles

Advance care planning is preparing for your future healthcare and life decisions. It is the ongoing process of making your wishes and values known to your providers and caregivers. Think of it as a gift to loved ones to do this work before a crisis or health change.

A step-by-step guide for the LGBTQ+ community in preparing for healthcare needs and end-of-life decisions.

You can watch the webinar discussing the need for Advance Planning [here](#).

[Learn More](#) [Download PDF](#) [In Spanish](#)

## Quarterly Media Highlights - A Curated Selection of Movies, Books, websites, Blogs and T.V. that may interest you.

### T.V./Streaming/Film — "Is This How You Want to Die" by Zubin Damania, MD

I'm a UCSF/Stanford trained internist and founder of [Turntable Health](#), an innovative [primary care clinic](#) and model for [Health 3.0](#). During a decade-long hospitalist career at Stanford, I experienced our dysfunctional health care system firsthand. As a way to address my own "burnout" and find a voice, I started producing [videos](#) and [live shows](#) under the pseudonym "ZDoggMD" that have [since gone epidemically viral](#).

What do you want us to do if your heart stops beating?

What are your end of life wishes? Have you even thought about it? Do your loved ones know what you want?

What if something happened today ... are you ready for the consequences of not making your wishes known? Are you ready for the impact it will have on those who survive you?

[Is THIS How You Want to Die?](#)

### Podcast of the Quarter — NokBox

We have already told you about the NokBox system. Nok stands for Next of Kin. It's a great organizer so you don't leave a mess behind for your survivors. In addition to selling NokBoxes, the group also provides a free podcast series. These are great conversations that you can learn from.

[Listen to The NokBox Podcast](#)

### Book of the Quarter — "Medical Aid in Dying" by Lonny Shavelson

This booklet, *Medical Aid in Dying: A Guide for Patients and Their Supporters*, originated from the questions, interests, and needs of dying patients, their families, their loved ones, and the many others who support them. Its goal is to demystify and facilitate the process of medical aid in dying. The PDF version is free.

<https://www.acamaid.org/wp-content/uploads/2022/11/Aid-in-Dying-Patient-Guide.pdf>

### Website of the Quarter - Kaiser Family Foundation Health News

[KFF Health News](#) is a national newsroom that produces in-depth journalism about health issues. Together with Policy Analysis and Polling, KFF Health News is one of the three major operating programs at [KFF](#). KFF is an endowed nonprofit organization providing information on health issues to the nation.

KFF Health News reports on how the health care system — hospitals, doctors, nurses, insurers, governments, consumers — works. In addition to this website, our stories are published by news organizations throughout the country. Our site also features [daily summaries](#) of major health care news.

<https://kffhealthnews.org/about-us/>



We encourage you to share this newsletter with family and friends and perhaps encourage them to join us.

Donations are always welcome and can be easily made on our website:  
[www.ChoiceAndDignity.org](http://www.ChoiceAndDignity.org)

Tax ID# EIN- 84-4667788

Choice and Dignity, Inc., PO Box 86886,  
Tucson, AZ 85754

A significant part of our income comes from bequests – generous members who want to help others after they are gone. Please consider adding us to your legacy by including us in your will.



## Become a Member

Although we are a volunteer organization, we do incur expenses. You can help by becoming a paid member or sending a contribution.

Scan the QR code to go to our website



## Call for Volunteers

We admit it! Many hands make light work, and we need more volunteers. Our devoted Choice and Dignity Board of Directors is seeking help with several endeavors.

**Board Members** — We only have eight people on the Board and we aren't getting any younger. The Board meets every other month, with sub-committee meetings in-between. Past non-profit experience would be helpful but isn't required.

**Discussion Group organizers/leaders** — Would you like to help people discuss issues related to death?

**Grant Writer** — Do you have grant writing experience? We need someone to write applications for grants.

**Social Media Guru** — Are you skilled at social media? You could help develop our presence.

**Legislative Liaison** — Are you passionate about making a difference in our community? Do you have a knack for understanding policy and a desire to engage with lawmakers? With your help, we can ensure that our cause receives the attention it deserves from our lawmakers and policymakers. Help us amplify our voice in the legislative arena.

Please call 1-800-811-4112 or send us a note at [ChoiceandDignityInc@gmail.com](mailto:ChoiceandDignityInc@gmail.com) if you might be willing to help.





## MEET YOUR BOARD

### — Tracy Corbin



I grew up in Southern Illinois near St. Louis, Missouri on the Illinois side of the Mississippi River, and attended Southern Illinois University, Carbondale, Illinois. I moved to Arizona in 2003 to escape winter weather. I am probably one of

the few Arizonians whose favorite season is summer!

I have always been interested in service. I was a social worker in my early career. I worked with battered women and sexual assault victims as a legal advocate helping them navigate the court system.

After completing Graduate School, I pursued my other love — reading and the pursuit of knowledge by opening a bookstore. I have also worked in academic libraries.

In 2018 I was diagnosed with polycythemia vera, a rare type of blood cancer. This is how I became involved in Choice and Dignity. Polycythemia Vera currently has no known cure. I knew I did not want to suffer should my disease progress. I found Choice and Dignity through a meetup group and became a board member when Choice and Dignity Incorporated in 2020.

I currently am a yoga teacher and meditation facilitator. In addition to volunteering with Choice and Dignity, I volunteer with various local food distribution organizations and women's empowerment groups.



## Choice & Dignity Board

President	James (Jim) Schultz
Vice President	Tracy Corbin, MPA
Treasurer	Susan Becker
Secretary	Margaret Molloy, MA
Director of Member Services	Sally Hall, MD
Member at Large	J'Fleur Lohman, PhD
Member at Large	Myriam Coppens, MA, LMFT
Member at Large	Jeannie Fransen



## 2024 Board Meeting Schedule

Saturday October 12th

Saturday December 14th

All meetings are 5 — 6:30 pm

AZ time, via Zoom

To participate, please click here:  
[mailto:ChoiceandDignityInc@gmail.com?  
subject=I'd Like to Attend the Board of  
Directors Meeting](mailto:ChoiceandDignityInc@gmail.com?subject=I'd+Like+to+Attend+the+Board+of+Directors+Meeting) to request a Zoom link